

F.E. (7/2000)
(291 A)

Supplementary Statement by _____
(name of employer) _____
(address)

Outstanding Death or Disability Claims, as of the last closing date 2

Include all accidents occurring prior to above date which resulted in death or in disability exceeding seven days unless final payment has been made prior to said date in accordance with award or agreement approved by the Workers' Compensation Bureau, or the right to recovery is barred by limitation of statute.

- This statement is to be rendered in all cases. If there are no claims of any kind write "NONE".
- Total the Final Column.

[illegible]